SUICIDE

Across the Lifespan

ABOUT ABCT

ABCT is dedicated to bridging communication between scientific and clinical members and the media as well as the public.

We do that in a few ways by

- respond to media inquiries about CBT-related topics by connecting interested journalists, writers, and producers with relevant ABCT experts.
- develop initiatives to assist ABCT members in communicating with the public about science and evidence-based practice. Possible video.
- develop resources to help communicate with the media for ABCT members, journalists, and the public at large if we offered compendiums of relevant resources ("Briefing Books") that provide information about the current science presented in layman's terms.







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CONTRIBUTORS

Association for Behavioral and Cognitive Therapies (ABCT) would like to thank our dedicated contributors without whom this project could not have happened.

Our organization is strengthened by your contribution and commitment to supporting our mission and vision. The wider community benefits daily from your efforts to support evidence based research and your commitment to those in your care.

ingratitude

YOUTH 5 TO 24 YEARS



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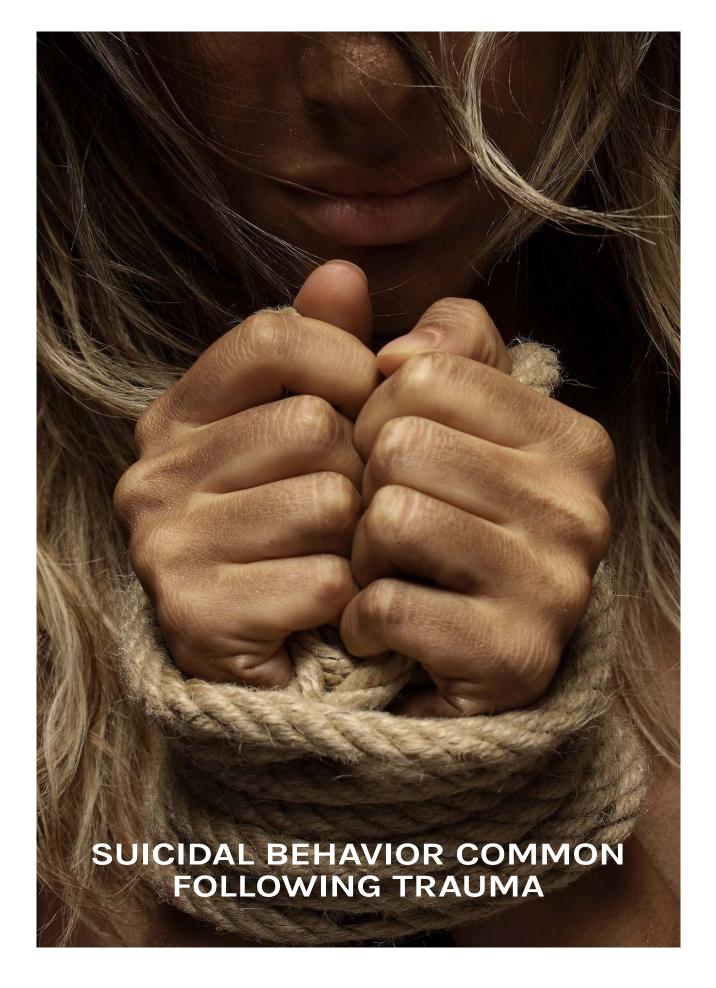
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TRAUMA, HIV & CHRONIC OR TERMINAL ILLNESS

he American
Psychiatric
Association
describe a history of
trauma to include
experiencing,

witnessing, or learning about an actual or threatened physical injury, sexual violation, death, or repeated exposure to learning about the details of trauma through an occupation. In some cases, receiving a diagnosis of a chronic illness, including human immunodeficiency virus (HIV), cancer, or other serious medical condition, may be experienced as an index trauma that precipitates psychological distress. Given that chronic medical conditions can lead to PTSD and the development of suicide thoughts and attempts, special examples

of medical conditions that increase risk for suicide will be reviewed. The psychological consequences of exposure to trauma are numerous, including a variety of medical and psychiatric comorbidities. Posttraumatic stress disorder (PTSD) is one example of psychological consequence of trauma exposure; PTSD is diagnosed when a participant has been exposed to a trauma and develops symptoms across four symptom clusters, namely: alterations in arousal and reactivity, intrusions, avoidance, and negative alterations in cognitions and mood. Another common reflection of psychological distress following trauma exposure is suicidal ideation and behavior.





PREVALENCE

Approximately 8% of individuals in the United States will meet criteria for PTSD at some point in their lifetime. Among individuals who meet criteria for PTSD,

approximately 40% will report suicidal ideation, and about 10% will have a lifetime history of a suicide attempt.

RISK & PROTECTIVE FACTORS

Risk for suicide is particularly elevated among individuals who develop PTSD. Civilians, veterans, and active duty military personnel with a diagnosis of PTSD are significantly more likely to experience thoughts about suicide, sometimes referred to as suicidal ideation. In addition, individuals with PTSD are more likely to make suicide attempts. Some studies suggest that PTSD confers a greater risk of dying by suicide, though the evidence on this topic mixed. PTSD is one of only a few

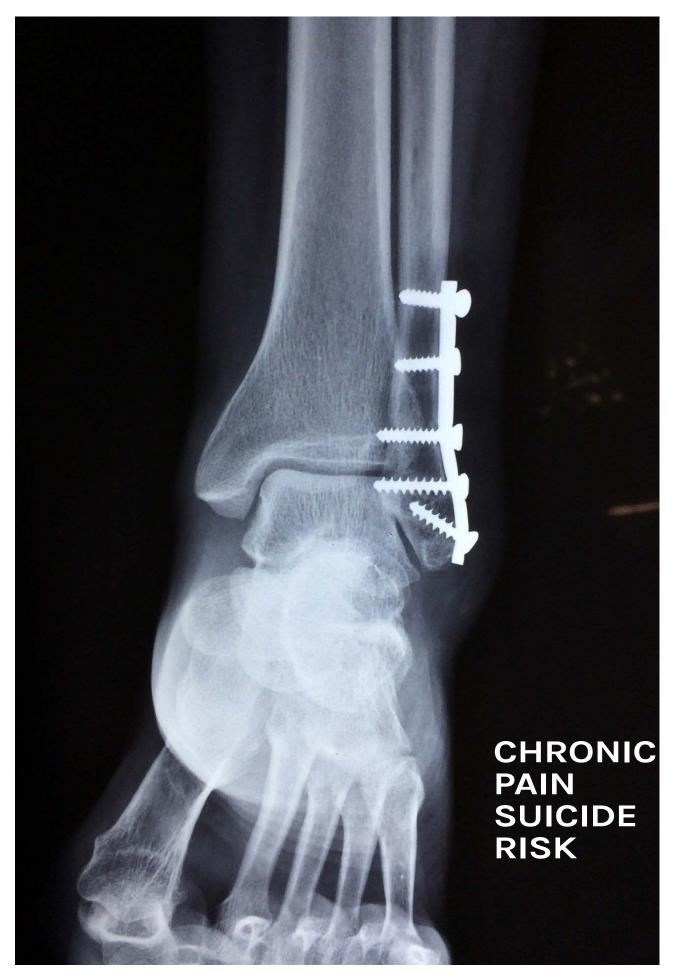
psychiatric conditions that is associated with the transition from thinking about suicide to engaging in suicidal behavior. Once an individual has PTSD, subsequent exposure to future traumatic experiences (e.g., natural disaster exposure) further increases risk for suicide. A number of possible mechanisms of the association between PTSD and suicide may explain their connection, including social disconnection, trauma-related cognitions, and alterations in arousal.



ASSESSMENT

Clinician interview assessments for PTSD include the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Symptom Scale-Interview (PSSI-5). Self-report measures

include the PTSD Checklist for DSM-5 (PCL-5) and the Posttraumatic Diagnostic Scale (PDS-5).







Why is a chronic illness a risk for suicide?

Is asthma associated with death by suicide?

Do people diagnosed with cancer consider suicide?

Some commonalities across chronic medical conditions may contribute to their influence on suicide risk. These conditions often negatively impact sleep, and disordered sleep is a known risk factor for suicidal ideation. Persistent pain is common in chronic illness, and catastrophizing about pain, predicts suicidal ideation and attempts. Hopelessness is a known risk factor for suicide that may be more common among patients with chronic medical illnesses. Sepression is a common consequence of chronic medical conditions, and known to contribute to suicide risk.

Respiratory diseases, such as asthma, significantly increase risk for suicide. Even after adjusting for mood disorders, asthma increases the risk of suicidal ideation and attempts. Individuals with asthma have twice the risk of suicide death. One possible reason for the increased risk of suicide among individuals with asthma may be panic disorder comorbidity, which is also independently associated with increased risk for suicide attempts.



Individuals with cancer have nearly twice the rate of suicide compared to the general population. Risk factors for suicide among individuals with cancer include male sex, older age of diagnosis and white race, and being within 5 years of the cancer diagnosis. Risk for suicide decreases rapidly after the first year of cancer diagnosis. Individuals with prostate, lung, pancreatic, and head and neck cancers are at highest risk. Depression may be a critical underlying mechanism of this association in men, but less so in women.

Does having diabetes increase suicidal behavior?

Is HIV a risk factor for suicidal thoughts? suicide?

Individuals with diabetes are also at increased risk for suicidal thoughts and attempts. Compared to controls in primary care without diabetes, individuals with diabetes report increased risk for suicidal ideation. In addition, individuals with diabetes are significantly more likely to have a history of suicide attempts. Poor quality of life and depression may drive the association between diabetes and suicidal ideation. Among individuals with diabetes who make suicide attempts, insulin is a common method. As with cardiovascular disease, diabetes does not appear to increase suicide risk in the elderly.

Anti-retroviral therapies (ART), individuals who contract HIV can live long and healthy lives. Nevertheless, individuals who are living with HIV remain at significantly elevated risk for suicide. Among persons living with HIV who achieved viral suppression but died, suicide is the second leading cause of death. Among people living with HIV is under 50 years old, suicide was the leading cause of death (17% men, 25% women). One type of ART (efavirenz) is independently associated with increased risk for suicidal thoughts and behaviors.

Persons living with HIV are 4.7-7.6 times more likely to report suicidal ideation and suicide attempts if they have trauma-related disorders. Each additional trauma exposure is associated with a 19% increase in the risk of suicidal ideation. Other risk factors for suicidal thoughts and attempts among persons living with HIV include substance use, social disconnection, cognitive decline, and sleep disorder symptoms.

ABCT PRESS OFFICE

ABCT Press Office

Responsible for all ABCT publications and ABCT's website. Coordinates projects with the Publications Committee. Handles press relations for ABCT. In Executive Director's extended absence, serves as Deputy Director.

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Media Finding Experts

ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.

Media Guidelines for the Responsible Reporting & Depicting of Nonsuicidal Self-Injury (NSSI)



Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.



Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.



Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.



Present information neutrally; avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.



Use non-stigmatising language and avoid terms that conflate person and behaviour (e.g., cutter, selfinjurer).



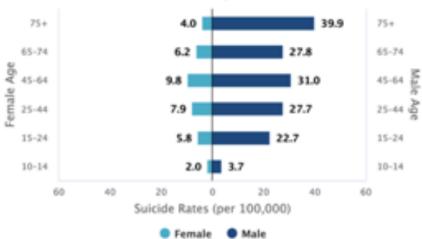
Assure that online article comments are responsibly moderated.

SUICIDE STATISTICS

Leading Cause of Death in the United States (2018) Data Courtesy of CDC								
		Select Age Groups						
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages	
1	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 655,381	
2	Suicide 596	Suicide 6,211	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 599,274	
3	Malignant Neoplasms 450	Homicide 4,607	Homicide 5.234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Unintentional Injury 167,127	
4	Congenital Abnormalities 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	CLRD 18,804	CLRD 159,486	
5	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Cerebro- vascular 147,810	
6	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019	
7	CLRD 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro- vascular 5,128	Cerebro- vascular 12,789	Diabetes Mellitus 84,946	
8	Cerebro- vascular 54	Influenza & Pneumonia 200	Cerebro- vascular 567	Cerebro- vascular 1,704	CLRD 3,807	Suicide 8,540	Influenza & Pneumonia 59,120	
9	Influenza & Pneumonia 51	CLRD 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 51,386	
10	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Suicide 48,344	

CLRD: Chronic Lower Respiratory Disease





USEFUL RESOURCES



www.veteranscrisisline.net



www.afsp.org



www.suicidepreventionlifeline.org



www.theactionalliance.org

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BRIEFING BOOKS

SUICIDE